

ACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 04-APR-2015		2. ADDRESS OF OCCURRENCE 6152 S ROCKWELL ST CHICAGO, IL 60629		3. LOCATION CODE 092		4. BEAT/OCCUR 0825	
5. POSITION 9161		6. LAST NAME OKEEFE		7. FIRST NAME JOHN D		8. STAR NO. 18418	
9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE WHI		11. AGE 510		12. HT 175	
13. WT 175		14. DATE OF APPT 28-OCT-2002		15. EMPLOYEE NO 311		16. UNIT & BEAT OF ASSIGNMENT 6710D	
17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No			
20. LAST NAME PETTWAY		21. FIRST NAME ERIC		22. MI BLK		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	
24. RACE BLK		25. D.O.B. 602		26. HT 200		27. WT 200	
28. ADDRESS [REDACTED]		29. TELEPHONE NO. [REDACTED]		30. WAS SUBJECT ARMED/FIREARM - SEMI-AUTOMATIC <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	
32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		33. WHERE WAS MEDICAL TREATMENT OBTAINED? MOUNT SINAI HOSPITAL		34. BY WHOM? DR [REDACTED]		35. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under influence	
36. CHARGES PLACED ***** PLEASE SEE NEXT PAGE *****		37. CS NO. 19091372		38. IR NO. [REDACTED]		39. DNA <input type="checkbox"/> DNA	
40. PASSIVE RESISTER <input checked="" type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER		41. ACTIVE RESISTER <input checked="" type="checkbox"/> FLED <input type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER		42. ASSAILANT/ASSAULT <input checked="" type="checkbox"/> IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER		43. ASSAILANT/BATTERY <input type="checkbox"/> ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER	
44. ASSAILANT/DEADLY FORCE <input checked="" type="checkbox"/> USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/> WEAPON <input type="checkbox"/> OTHER		45. MEMBER PRESENCE <input checked="" type="checkbox"/> MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> CC/CHEMICAL WEAPON WAUTHORIZATION <input type="checkbox"/> OTHER		46. OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> CC/CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Speak Displayed) <input type="checkbox"/> OTHER		47. ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER	
48. KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER		49. FIREARM <input checked="" type="checkbox"/> FIREARM <input type="checkbox"/> OTHER		50. ADDITIONAL INFORMATION ASSAILANT WAS ARMED WITH A HANDGUN AND POINTED THE SAID HANDGUN AT R/O.			
51. WEAPON TYPE <input checked="" type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		52. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		53. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		54. WEATHER CONDITIONS CLEAR	
55. MAKE/MANUFACTURER SIG SAUER G.65W/55 INDUSTRIAL GESELLSCHAFT		56. MODEL P229		57. BARREL LENGTH 4		58. CALIBER/GAUGE 9 MM	
59. TASER DART ID NO. AL13284		60. WEAPON SERIAL NO. (head/letters) 630428		61. CHICAGO GUN REG. NO. [REDACTED]		62. FIREARM OWNER ID NO. [REDACTED]	
63. SPECIAL WEAPON CERTIFICATE NO. [REDACTED]		64. PROPERTY INVENTORY NO [REDACTED]		65. TYPE OF AMMUNITION USED 9MM		66. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1	
67. TOTAL NO. OF SHOTS MEMBER FIRED 4		68. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)		69. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		70. NO. OF CARTRIDGES/SHOT SHELLS RELOADED [REDACTED]	
71. HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		72. SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]		73. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		74. 1509410220	
75. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, GAR, FURNITURE, ETC) VEHICLE		76. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 25 FT. <input type="checkbox"/> 02 25 - 50 FT. <input checked="" type="checkbox"/> 03 50 - 100 FT. <input type="checkbox"/> 04 OVER 100 FT.		77. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (Specify)		78. HY210364	
79. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT/DIST. OF OCCUR <input type="checkbox"/> CPIC		80. NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input checked="" type="checkbox"/> CPIC <input checked="" type="checkbox"/> DET. DIV.		81. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.			
82. REPORTING MEMBER (Print Name) OKEEFE, JOHN D		83. STAR/EMPLOYEE NO. 18418		84. SIGNATURE [REDACTED]			
85. DATE/TIME 04-APR-2015 22:13:39		86. REVIEWING SUPERVISOR (Print Name) KARCZEWSKI, MICHAEL T		87. STAR NO. 1055		88. DATE REVIEWED 04-APR-2015 22:21:48	
89. SIGNATURE [REDACTED]		90. TIME 04-APR-2015 22:21:48		91. LOG# 1074534		92. Attachment 12	

SUBJECT
INFORMATION

20. ORIGINATOR FILED

720 ILCS 5.0/12-2-B-4, 720 ILCS 5.0/12-2-B-4, 720 ILCS 5.0/12-2-B-4, 720 ILCS
570.0/402-C, 720 ILCS 5.0/24-1.1-A, 720 ILCS 5.0/9-1-A-1

☐ DNA

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER, 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER, 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER, 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Subject unable to be interviewed by the undersigned

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based upon the facts available at this time, it is the preliminary determination of the undersigned that Police Officer John O’Keefe #18418 acted in compliance with department policy in that Police Officer O’Keefe fired his weapon in fear of his life after the Offender Pettway pointed a weapon in Officer O’Keefe's direction, placing him in fear of his life. Log 1074534 and U# 15-005

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. _____ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

CALLOWAY, KEITH A

SIGNATURE

DATE COMPLETED

TIME

04-APR-2015 22:34:36

79. TOTAL TRR & THIS EVENT No.

4